

FILED FEB 11 1942  
Registration District No. 476

Primary Registration District No. 5571

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rural - Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1, Sarcoxie, Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 30 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Seth Marion Stowell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 21, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brownville, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ly Sander  
13. Birthplace X Conn. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Waite  
15. Birthplace X N. Y. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elsie Henry

(b) Address Route #1, Sarcoxie, Mo.

17. (a) Burial (b) Date thereof 1-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cave Springs Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 1-19-1942 (b) Mrs. Emma Broadway  
(Date removed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1, Sarcoxie, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th,  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-11  
1942, to 1-13 1942.

that I last saw him alive on 1-12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 34 days

Due to Influenza Few days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Sarcoxie Mo Date signed 1-14-42

42-1-21

NOV 22 1948

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Licensed Embalmer No. *4231*

P. O. Address *Carthage, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**